

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5		2					55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		1					60						
11		2					61						
12		2					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		2					67						
18		1					68						
19		1					69						
20		2					70						
21	1						71						
22		1					72						
23		2					73						
24		2					74						
25	1						75						
26		1					76						
27		2					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	35						TOTAL CLAIMS						

BEST AVAILABLE COPY